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ABSTRACT

This handbook was developed by the Bureau of School Health Education and Services of the New York State Education Department to provide school authorities with a guide for an effective school immunization program. It offers direction for local development of immunization policies and procedures, an overview of effective program activities, a glossary, and answers to the most frequently asked questions about immunization. The appendices include the New York State Department of Health "Immunization Guidelines" (September 1981), excerpts from legislative mandates and court decisions pertaining to immunization, and sample forms for student exemption and transfer. (JD)

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IMMUNIZATION: A HANDBOOK FOR SCHOOLS

Second Edition

Vaccine-Preventable Communicable Disease Control

Foreword

Communicable disease control is a primary responsibility of school and public health authorities. Mandatory immunization is only one aspect of a comprehensive communicable disease control program. We know that the vaccine-preventable diseases (e.g., diphtheria, measles, mumps, poliomyelitis and rubella) occur almost exclusively among unimmunized or inadequately immunized children. Schools which permit such children to attend school are at greatest risk for an outbreak of any or all of these diseases. Therefore, the development of an effective communicable disease control program and enforcement of Public Health Law, section 2164 should be of prime concern to school authorities.

This handbook has been developed to provide school authorities with a guide for an effective school immunization program. It is intended for statewide use in diverse districts. The handbook offers direction for local development of immunization policies and procedures, an overview of effective program activities, and answers to the most frequently asked questions about immunization.

Standards of acceptable immunization practice and legislative requirements change. Chapter 443 of the Laws of 1979 and, more recently, revision of the Regulations of the Commissioner of Health, Part 66, have changed the required immunization practices in New York State. All children entering and attending public and nonpublic schools in New York State must show proof of having received or being in the process of receiving immunization against diphtheria, poliomyelitis, measles, rubella and mumps; or show a record that the child has been diagnosed by a physician as having had the diseases measles or mumps; or show a record that the child has serological evidence of rubella antibodies; or show proof of entitlement to exemption from these requirements for medical or religious reasons. Future changes in legislative requirements or standards of acceptable immunization practice could affect some of the recommendations included in this second edition. Therefore, amendment will be made as need or circumstance dictate.

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This handbook was developed by the Bureau of School Health Education and Services, New York State Education Department and is endorsed by the Bureau of Communicable Disease Control, New York State Department of Health. We gratefully acknowledge their assistance and the assistance given by the Child Protective Services, New York State Department of Social Services in the development of this publication.

PLEASE SHARE THIS DOCUMENT WITH ALL SCHOOL PHYSICIANS, SCHOOL NURSING PERSONNEL AND OTHER APPROPRIATE STAFF. Limited extra copies may be obtained from the Bureau of School Health Education and Services, Room 964 EBA, Albany, New York 12234.

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SECTION I. Glossary

This section contains explanations of words, terms, abbreviations and phrases used in the handbook. These explanations ensure that all readers have the same understanding of the meaning and intent of each term. Section IV contains answers to questions most often asked about these terms and related matters.

1. Acceptable Proof. This means and includes documents such as a certificate of immunization, a signed transcript of the immunization portion of the cumulative health record from the prior school, a migrant health record, a union health record, a community health plan record, a signed immunization transfer card, a military dependent's "shot" record, the immunization portion of a passport, or a certificate or written physician's statement of medical exemption, or a written statement of exemption for religious reasons. (See Regulations of the Commissioner of Health, Part 66.3, Appendix B, p. 22 for the required content of such documents.)

2. Adequate for Protection. This refers to any child who has had all of the doses of each of the vaccines currently recommended by accepted standards of good immunization practice. (See Appendix C, p. 24.)

3. Attendee, Attending Student, Enrollee, and Enrolled Student. For purposes of immunization requirements, these terms mean and include any child currently attending school who was attending school in the same district during the previous school year without interruption.

4. Child. For purposes of immunization requirements, "child" means and includes any person between the ages of two months and 18 years, i.e., until the 19th birthday. (See PHL 2164, 1.b., Appendix A, p. 18.)

5. Contraindication. This refers to any medical condition or circumstance involving an individual's health history or current health status, the vaccine or the administration procedure, which would make it unwise for an individual to be immunized with any or all of the presently available vaccines.

6. DTP. Also DPT. This is a vaccine which combines diphtheria, tetanus and pertussis (whooping cough.)

7. Entering School, New Entrants, and Transferring Student. Informal opinion of the Office of Counsel, State Education Department (SED) has held that these terms refer to any child entering or being admitted to a school district for the first time, irrespective of the age of the child or the grade level at which he or she enters. This includes pupils who transfer from one school district to another. *Nonpublic schools are considered separate school districts for the purpose of this law. Also, children coming from a full-time BOCES special education class should be treated as if they were transferring from a separate school district for the purpose of this law.*

8. Immunization Survey. This means the annual collection and review of data relative to the immunization status of all children entering and attending schools in New York State. This survey is required by Public Health Law, section 680. Education Law, Article 19, section 914 requires school authorities to participate in this survey.

9. Immunizing Agents. This means all vaccines and toxoids which are administered for the purpose of immunizing an individual against disease.

10. Inadequately Immunized Child. This means and includes any child who has not completed the number of doses of a series currently recommended, or who cannot produce acceptable evidence of immunity to measles, mumps or rubella.

11. In the Process of Receiving Immunization. This term may be applied to any child who meets the requirements of the Regulations of the Commissioner of Health, Part 66.3(b), i.e., at least one dose of each antigen has been received and appointments have been made to receive the remainder. (See Appendix B, p. 22.)

12. IPV. This is inactivated poliomyelitis vaccine; also known as Salk vaccine and killed poliomyelitis vaccine.

13. Legal for Continued Attendance. This term may be applied to any child who has met the current requirements of PHL 2164 and the Regulations of the Commissioner of Health, Part 66.4 or who meets the requirements of the Regulations of the Commissioner of Health, Part 66.6. (See Appendix B, pp 22,23.)

14. Legal for Entry/Admission. This term may be applied to any child who has met the current requirements of PHL 2164 and the Regulations of the Commissioner of Health, Part 66.3 for admission to school in New York State. (See Appendix B, p. 22.)

15. Medical Exemption. This is a physician-determined health reason/condition for not immunizing an individual against any or all of the vaccine-preventable diseases.

16. M/M/R. This is a vaccine which combines measles, mumps and rubella (German measles). These vaccines may also be given singly.

17. Prior School. This refers to any school (see definition #20 below) or educational program attended by the child prior to his/her application for or attendance in the school he or she presently attends. *Head Start Programs are considered separate schools for the purposes of this law.*

18. Proof of Compliance. As defined in PHL 2164, this means acceptable proof that the child has received, or is in the process of receiving, immunization against the vaccine-preventable diseases or is exempt for medical or religious reasons.

19. Religious Exemption. This is an exemption from the required immunizations granted to an individual because of membership in a recognized religious organization which includes as one of its tenets a prohibition against immunization. (See PHL 2164, 9, Appendix A, p. 20.)

20. School. For purposes of immunization requirements, "school" means and includes any public, private or parochial child-caring center; day nursery, day care agency, nursery school, kindergarten, elementary, intermediate or secondary school. (See PHL 2164, 1.a., Appendix A, p. 18.)

21. Susceptible Child. This means any child who is unimmunized or inadequately immunized against the vaccine-preventable diseases and is therefore likely to contract the disease(s) in the event of exposure. It means and includes those who are exempt for medical or religious reasons and those who have not completed vaccination.

22. Td. This is a vaccine which combines tetanus and diphtheria and is administered to persons age seven years and above who cannot tolerate pertussis vaccine.

23. DT. This is the preparation recommended for children under seven years of age who cannot tolerate pertussis vaccine.

24. TOPV. This is live trivalent oral poliovirus vaccine.

25. Unimmunized Child. This means any child who has not had even one dose of any of the vaccines.

SECTION II. Elements of Effective School Immunization Programs

The school immunization program should be a part of the district's total plan for the control of communicable disease. An effective immunization program requires planning, implementation, supervision, enforcement and evaluation.

Planning should be the joint responsibility of the school administration, school health service personnel and representatives of the local Department of Health and the local Child Protective Services. It should include the development and adoption of formal immunization policies and procedures to guide the program and staff. District immunization policies should be consistent with those of the local Department of Health. Immunization procedures also should be jointly planned. Selection and development of these procedures should be based on district policies, Education and Public Health Laws, State Education Department program policies and Department of Health standards of good immunization practice. *Immunization policies and procedures should be reviewed at least annually and revised as needed to keep them up to date with currently accepted standards.*

Implementation of the program should include identification of staff members and their responsibilities for program activities; identification of any in-service education needed by the staff; education of pupils, parents, the staff and the community; identification of all pupils in need of immunization; immunization of these pupils; record keeping, reporting, and referral; surveillance and enforcement.

Supervision of program and staff is essential to ensure uniform application of district policies and consistency of immunization procedures and practices. The Superintendent and the school physician should share supervisory responsibilities. The Superintendent should be responsible for all administrative aspects of the program, including enforcement. The school physician should be responsible for supervision of all medical aspects of the program, including in-school immunization, if offered.

Enforcement has been a sensitive problem for many schools because of the seeming conflict between: 1) the Public Health Law requiring immunization and the Education Law requiring compulsory school attendance, and 2) the civil rights

of individuals and the statutory authority of governmental agencies. The intent of the laws is to protect children against the vaccine-preventable diseases, not to deny individuals their rights or children an education. The goal of a school immunization program should be to permit no unimmunized child to attend school unless exempt for medical or religious reasons.

Although referral of families to Child Protective Services (CPS) may sometimes be necessary, this should be used as a last resort and only after all other required and recommended activities have been completed. School authorities and the representatives of the local CPS should jointly plan the protocols, procedures and documentation needed to assure that such referrals will be timely and effective. These plans also should be reviewed *at least annually* and revised as necessary. The actual referral must be made to the State CPS, Central Register (1-800-342-3720).

If a school which has reported an excluded child to the Child Protective Services (CPS) later learns that the family has moved to another county, the school should notify CPS of the move. CPS will then contact the unit in the new location.

Review and Evaluation of the program, both ongoing and periodic, should be carried out jointly by the school administrator, school and public health personnel and representatives of the local child protective services. All aspects of the immunization program should be reviewed.

SECTION III. School Immunization Policy

There should be a formal written policy for the district which clearly states board of education attitudes on, and expectations for, the school immunization program. These statements should be complete enough to provide direction to the program and to the staff members and should clearly identify who will be responsible for what aspects of the program. The district immunization policy should contain:

A. A general statement of the intent of the board of education relative to upholding and enforcing the provisions of Public Health Law, Article 21, Title VI, sections 680 and 2164 and Education Law, Article 19, section 914.

B. Specific statements of the requirements for:

1. Pupils entering or transferring into the district who will attend regular or summer school sessions:

   a) required immunizations
   b) proof of compliance or exemption
   c) record keeping
   d) surveillance of pupils in the process of receiving immunization
   e) enforcement of requirements:
      - reporting and referral of noncompliance
      - exclusion policy
      - child protective services referrals

2. Pupils transferring out of the district:

   a) parental release of information
   b) prompt and accurate transfer of immunization data
   c) form and manner of transmittal

C. Specific statements of the requirements and responsibilities of school personnel:

   1. Superintendent

   2. Building Principal

   3. School Health Service Personnel:

      a) School Physician
      b) School Nurse Practitioner
      c) School Nurse-Teacher
      d) School Nurse
      e) Support Personnel

   4. Other Pupil Services Personnel:

      a) Attendance Teacher/Supervisor
      b) Guidance Counselor
      c) Social Worker

   5. Other District Personnel:

      a) Census Enumerator
      b) Registrar
      c) Building or Guidance Secretaries

D. A general statement of the intent of the board of education relative to reporting the incidence or outbreak of the vaccine-preventable diseases.

E. Specific statements indicating:

   1. The date of approval and adoption of the policy;

   2. The date on which the policy takes effect;

   3. The date of the most recent revision of the policy.

F. A specific code number for the policy, if applicable.

SECTION IV. - Immunization Procedures and Activities

School administrators and school health service personnel need formal, written procedures which tell them the correct and legal way to handle immunization program activities. The procedures should be detailed enough to avoid confusion and to assure consistency of practice within the district. However, they also should be flexible enough to allow for reasonable variations

dictated by differences in facilities, equipment or staff. All program activities should be based upon and be consistent with both policy and procedures. The aim of the program and the staff should be to help parents to secure adequate immunization for their children.

This section is offered as a guide for planning district immunization program procedures and activities. The format was selected to help relate needed activities to recommended procedures.

A. PROCEDURES	B. ACTIVITIES
1. Registration of Pupils (new entrants, transfers in, census-preschool) and Attending Pupils (regular and summer sessions) requires:	1. Registration of Pupils and Attending Pupils:
a. Staff members who can explain the requirements of PHL 2164, Commissioner's Regulations (CR) Part 66 and district policy to parents;	a. Explain the requirements of PHL 2164, CR, Part 66 and district policy to parents.
b. Printed material for distribution to the parents;	b. Review the child's health and immunization history; advise parent(s) of any needed immunizations, certificates of proof and/or available sources for obtaining immunization.
c. Provision of a time and site to confer with parents to answer any questions or concerns they may have;	c. Review the immunization certificate(s) or other proofs of compliance and record data.
d. Close cooperation of administrators, registrars, guidance counselors and school health service staff members to assure prompt exchange of information and continuity of action.	d. Identify all children who are: • adequately immunized • in need of immunizations to complete requirements for compliance • exempt for medical or religious reasons.
	e. Transmit immunization data from the Registration office to appropriate school staff members.
2. Referral and Follow-through requires:	2. Referral and Follow-through:
a. Active participation of school health service staff members;	a. Provide parents with verbal and written notification of: • specific needs of the child • sources for obtaining needed doses, including in-school immunization, if available • time lines for compliance • enforcement procedures and steps.
b. Individual parent conferences;	b. Assist the parents in arranging for the needed immunizations.
c. Prior identification of available community resources which can provide needed immunizations;	

A. PROCEDURES	B. ACTIVITIES
d. A referral system and forms, (including securing important information forms and signature cards for in-school immunization, if offered);	c. Assist parents in obtaining proof of compliance, including records from the prior school or a statement of exemption.
e. A mechanism for contacting the prior school or health care provider, if appropriate;	d. Where necessary and appropriate, provide the parent(s) with a form of consent for immunization as prescribed by the Regulations of the Commissioner of Health (CH).
f. A tracking system to ensure that the process is successfully completed;	e. Follow all outstanding problems to successful completion of requirements.
g. An action plan and time lines for involving administrative staff in the exclusion process. (See item 7, this column.)	f. Use home visits and/or telephone conferences to assure that parents are provided, insofar as possible, with all information and instructions in the primary language of the home.
	g. Provide planned, ongoing education programs and counseling for parents and pupils to keep them up to date on requirements of PHL 2164 and CR Part 66.
	h. Refer all children denied admission to or continued attendance at the school to the local department of health. (See item 7, this column.)
3. Surveillance of Immunization Status of Pupils requires:	3. Surveillance of Immunization Status of Pupils:
a. A review of cumulative health records (CHR) both ongoing and at stated intervals;	a. Monitor progress toward compliance of all pupils entering, transferring into, or attending school in the district.
b. Conferences with parents, students or health care providers relative to current status (had or are receiving immunization, are medically exempt);	b. At the time of the annual immunization survey review the status of each child and refer all who need anything.
c. An update of all CHRs, (see column B, item 6d);	c. At the time of health appraisals (grades 1-3-7-10), sports or working paper examinations, review the status of each candidate and refer those in need.
d. Identification of all those who are susceptible and/or delinquent.	d. Maintain a current list of all susceptible children to facilitate control procedures which may have to be initiated in the event of an outbreak of one of the vaccine-preventable diseases.

A. PROCEDURES	B. ACTIVITIES
4. Immunization Survey requires: a. Close collaboration of the district and the local and regional departments of health; b. The involvement of school administrators, school health service staff; c. Cooperation of the local/ regional department of health including provision of forms and procedures; d. Accurate, detailed recording of data (see item 6, Columns A and B); e. Cooperation between school districts and auditors.	4. Immunization Survey: a. Identify the Health Department's Immunization Survey Coordinator for your county or region. b. Select an Immunization Survey Coordinator for the district. Larger districts may also wish to name a coordinator at the building level. c. Secure the required forms and instructions. d. Select and train personnel who will collect the data. e. Review records, worksheets or computer files as needed and appropriate. f. Complete and submit survey forms as required. g. Maintain copies for district/building files. h. Provide all required follow-up data to Health Department Coordinators/ Auditors. i. Institute follow-up as needed.
5. In-School Immunization requires: a. Approval of the administration and the board of education; b. Cooperation of local Department of Health (DOH) including agreements relative to supplies and staff; c. School health service staff members who are certified immunizers, if school staff are to administer vaccines.	5. In-School Immunization: a. Use important information forms, signature cards and official record cards provided by the Department of Health. b. Develop and publicize the school immunization schedule. c. Take a complete health history on each child in need of immunization. d. Identify the specific needs of each child. e. Prepare an information form and signature card for each child which specifies the need and schedule. f. Immunize and issue certificates for those pupils who received immunization. g. Record data on pupil's CHR, immunization survey worksheets, and, if appropriate, in computerized data bank.
6. Record Keeping and Transfer of Immunization Information requires: a. A uniform immunization record as part of the pupil's CHR;	6. Record Keeping and Transfer of Immunization Information: a. For pupils who are exempt, record on the CHR: • reason for exemption • name of exemptor and date • source of proof seen • name of recorder and date

A. PROCEDURES	B. ACTIVITIES
b. Clearly assigned staff responsibility for prompt, accurate and complete recording of immunization data;	b. For all other pupils, record on the CHR: • immunizing agent, dose and date for each vaccine administration • name of immunizer, if available • source of proof seen (and returned to parents) • name of recorder and date
c. Maintenance of these data in current form;	c. For pupils immunized in school, record on the CHR: • immunizing agent administered • dose and date of immunization • name of immunizer • date certificate was issued
d. An orderly system for tracking, storage and retrieval of data;	d. Each time the child has an additional immunization, record all pertinent data on CHR as described above.
e. A prompt, systematic transfer of information when pupils move;	e. For pupils transferring out of the district: • provide the parent or pupil with an immunization transfer record which shows current status and is signed by either a school nurse-teacher, school nurse or school physician or • have the parents sign a release-of-information form and send a transcript or photocopy of the CHR promptly.
f. A system which does not violate any New York State or Federal laws or regulations regarding confidentiality;	f. Each time a child enters or leaves the district, or has an additional immunization, update the immunization survey worksheets to assure accuracy and currency.
g. Correlation/coordination with the annual immunization survey. (See item 4, this column.)	g. Where data has been computerized, update as described above (see item f).
7. Exclusion of Pupils Not In Compliance requires:	7. Exclusion of Pupils Not In Compliance:
a. Completion of all procedures and activities outlined in Column A, items 1,2, and 3 above;	a. Complete all activities outlined in Columb B, items 1 and 2.
b. Careful, precise and written documentation of all efforts made and steps taken by school administrative and health personnel;	b. For each child denied admission to, or continued attendance at, the school, forward a report of such child to the local department of health including the name, address, phone number and birthdate of each such child.
	c. In cooperation with the local health department arrange for a time and place (within 14 calendar days) at which the child may be immunized.

A. PROCEDURES	B. ACTIVITIES
c. Close cooperation of the local health department and school authorities, including agreements relative to referral procedures and joint arrangements for immunization of pupils denied admission or continued attendance;	d. Provide the administrator with a list of all pupils for whom such notices have been sent. (See Column A, item 2g.)
d. Close collaboration between the local CPS and school authorities, including advanced planning and joint agreements relative to referral procedures, protocols and criteria. (See Section II, p. 3, Planning.)	e. If, within fourteen (14) days of the date of exclusion, no action has been reported by the family, and the child is between the ages of 6 and 16 years, contact the Child Protective Services (1-800-342-3720) following previously agreed upon protocols and procedures. NOTE: Do not refer to CPS if there exists any impediment to compliance that is not the fault of the parents.
8. Outbreak Control requires: a. Support of the administration and the board of education; b. Cooperation and joint planning of school health and local DOH personnel; c. Cooperation of pupils, parents and private health care providers; d. A mechanism for prompt response to outbreaks of reportable communicable diseases.	8. Outbreak Control: a. Enforce requirements of PHL 2164 and C.R. Part 66. b. Maintain a surveillance and monitoring system for all susceptibles, i.e., unimmunized or inadequately immunized pupils. Keep a current list. c. Monitor all absences and report to local DOH all those due to diagnosed or suspected reportable communicable diseases (CD). d. Exclude from school all pupils who are suspected of having reportable CD and notify the local DOH. e. Provide a planned program of CD education for all pupils, parents and staff related to signs and symptoms, district policy and procedures. f. Review all pupils returning to school who were absent because of reportable CD and refer for medical examination as needed. g. Cooperate with local DOH programs for containment of the outbreak.

A. PROCEDURES	B. ACTIVITIES
9. Reporting requires: a. A systematic plan which includes identification of agency and staff responsibilities and a sequence of action; b. Joint planning by school and community health and social services agencies; c. Built-in checkpoints to ensure the integrity of the process and to avoid gaps or duplication.	9. Reporting: a. Conduct joint planning sessions to: • identify reports required for each of the above described activities • identify persons/agencies responsible for making reports • identify persons/agencies responsible for receiving and acting on reports • develop mechanisms for feedback. b. Develop necessary report forms. c. Provide all personnel, as needed, with adequate supplies of forms and instructions for their use. d. Provide staff inservice programs as needed to assure that all involved follow the same procedure and timelines.
10. Evaluation requires: a. A systematic plan for review of district policy and procedures and their correlation with those of the local DOH and CPS; b. Close cooperation of school and community health and social services agencies; c. Analysis of all program components.	10. Evaluation: a. Conduct joint planning sessions to: • determine what will be evaluated • identify the work force to conduct the evaluation • develop the instrument(s) to be used to gather the data • select the criteria to be used to analyze the data. b. Collect and analyze the data in relation to the district's goals for the program. c. Identify problems, needs and priorities. d. Restructure the program as needed.

SECTION V. Questions and Answers

This section is used to pose and answer questions most frequently raised in relation to immunization laws, requirements, procedures and activities.

1. When is a child considered "entered" in a school, at the time of registration or on the first day of attendance?

   The law is silent on this point. However, in general application, a child is not considered as "entered" until the first official day of attendance.

2. When a child moves from one school building to another within the same district, does this child "enter" a new school?

   Intradistrict transferring does not involve reenrollment. However, if the move involves transferring a child to or from a nonpublic school, the child is entering a new school even if the public school district provides health services to that nonpublic school.

3. At what age does a student no longer need to provide proof of immunization?

   All children, regardless of age or grade, should be asked to show proof of compliance with the required immunizations. However, if the child has passed his or her 19th birthday, he or she need not be excluded from school for lack of such compliance. Further, girls who have reached the age of 11 years need not be excluded from school for lack of documentation of rubella immunity. (See Comr. Regs. Part 66.1(b) and 66.7, Appendix B.,pp 21,23.)

4. If a student is enrolled in a BOCES program, who is responsible for determining and enforcing compliance, the district of residence or the BOCES?

   Both are responsible. When the child enrolls in the public school district, it is the district's responsibility to obtain proof of compliance. When the child is transferred to the BOCES program, authorities at the Center should require proof of compliance from the sending school (and/or the parent) as part of the placement process.

5. If a BOCES rents space in a school district for special education classes, who is responsible for determining and enforcing compliance, the district of residence, the district of attendance or the BOCES?

   All are responsible. The district of residence and the BOCES should follow the procedures outlined in the answer to question #4 above. When the child is transferred to the district of attendance, authorities at that district should require proof of compliance from the BOCES (and/or the home school district or parents) as part of the placement process.

6. Is a written or verbal parental statement that the child has had the disease or the required immunization acceptable proof?

   No. The revised Regulations of the Commissioner of Health, Part 66, make no provision for accepting such statements.

7. If a child is not in compliance, or does not present acceptable evidence of compliance, should we refuse to admit the child to school?

   Yes. The principal, teacher, owner or other person in charge of any school(s) are required to do this. However, when a child/family has shown a good faith effort to obtain the necessary proofs Public Health Law, Section 2164, paragraph 7 provides for the provision of a limited

period of attendance at the discretion of the principal. (See Appendix A, p. 19.) The basic "grace period" is 14 days. Further, when the child is transferring from another state or country, the grace period may be extended to not more than 30 days.

8. If a "grace period" is granted, are these calendar days or school days?

   The law is silent on this point. However, in general application, the 14 days are considered to refer to calendar days.

9. Should a child be admitted to, or allowed to continue to attend, school if the polio or diphtheria series have not been completed?

   Yes, if the parent can show acceptable proof that the child is "in the process of receiving" the required immunizations. (See Glossary, p.2, #11 and Appendix B, p. 22.)

10. How complete must a "date" be to meet the standards for documenting receipt of vaccine?

    It depends on the kind of vaccine in question. For diphtheria and polio, "year" dates may be acceptable. For measles, rubella, and mumps, the dates must be specific enough to allow determination of whether the child was immunized before or after his/her first birthday. In some cases, "year" would be enough, in others "month and year" would be sufficient, in still others, "month, day, and year" would have to be known to make this determination. (See Appendix D, pp 28-32.)

11. Is it true that there are now two (2) acceptable types of immunization against poliomyelitis?

    Yes. Under the revised regulations a child is considered to be immunized against poliomyelitis if she/he presents acceptable proof of having received or of being in the process of receiving either 3 or more doses of TOPV or 4 or more doses of IPV *administered after 1968*. TOPV is still the preferred type. (See Appendix D, pp 29-30.)

12. What is the difference between Salk vaccine and IPV administered after 1968?

    The terms, "Salk vaccine" and "IPV," are virtually interchangeable. The difference lies in the fact that potency standards for this product were not established by the Federal Bureau of Biologics until 1968. Children immunized with Salk vaccine (or IPV) before 1969 may or may not have received a product which was potent enough to provide adequate protection. Since there is no way of making this determination now, these children must be reimmunized. (See Appendix D, pp 29-30.)

13. Are there acceptable combinations of TOPV and IPV?

    Yes and No. There are medically acceptable combinations, but none of these recommend fewer than 3 TOPV or 4 IPV administered after 1968. (See Appendix D, pp 29-30.)

14. If a child cannot provide acceptable proof of compliance, must the district require reimmunization of the child?

Yes, if the child cannot provide any of the acceptable forms of proof, unless there is medical contraindication to reimmunization.

15. Are there any exceptions to these immunization requirements?

There are four (4) exceptions. A child may be exempt from any or all of the required immunizations for medical or religious reasons. Girls who have reached the age of 11 years may be exempt from the requirements for documentation of rubella immunity. Pupils who have reached their 19th birthday may be exempt from any or all of the requirements.

16. Do these requirements apply to foreign exchange students, summer school students or other children who temporarily attend school in our district?

Yes. All children entering or attending schools in New York State must comply with these requirements, regardless of the duration of their stay.

17. If a parent says "immunization is against my religion," is that sufficient evidence for religious exemption?

No. Parents must provide a written statement that they are bona fide members of a specified, recognized religious organization which includes as one of its tenets a prohibition against immunization. Bona fide members of those denominations which so teach will usually have a form letter of exemption from the pastor or officer of the Church. (See sample in Appendix E, p. 34.) The principal or person in charge of the school may require supporting documents from the religious organization specified by the parent.

18. If a parent refuses to have the child immunized or to provide proof of compliance, what should the school official do?

Follow the procedures outlined in Section IV, Column A, item 7 and complete all activities in Column B, item 7 which are pertinent.

19. If one or more physicians in the county/community refuse to immunize their patients because the physician does not believe in it, how should the school official proceed?

Follow the procedures outlined in Section IV, Column A, item 7 and complete all pertinent activities in Column B, item 7.

20. If one or more physicians in the county/community refuse to issue the certificate of immunization because the family has outstanding bills, how should the school official proceed?

Contact the immunization program representative for the region, giving him/her the name, address and telephone number of the physician and the name, address and birth date of the child. If necessary follow the procedures and activities outlined in Columns A and B, item 7 of Section IV.

21. If a prior New York State school district or nonpublic school refuses to provide a transferring student, or the district, with the child's immunization records, how should the school official proceed?

Contact the parent to be sure that they have signed a release of information form. Have them sign a new one, if necessary. Forward the release form and a letter of request for the records to the Superintendent of the district or Principal of the nonpublic school in question. If the district still refuses to provide the records, contact the Bureau of School Health Education and Services (518) 474-1491.

22. If a child has had no immunizations, must we refuse entry or attendance until all are complete?

No. The regulations are quite clear that pupils who are in the process of receiving immunization should be permitted to attend. (See Appendix B, p. 22.) The school should require parents to submit proof that the child meets the requirements specified in Part 66.3(b) and provide the date(s) of appointments with a specified physician or health facility for completion of the required immunizations. The school should then allow the child to enter and/or attend school but should maintain supervision until the process has been completed, or exclude the child if the parents default.

23. What constitutes proof of default? Whose word does the school authority accept in cases of conflict? For example, the doctor indicates that the family won't keep appointments; the parents allege they can't, citing a lack of transportation, family illness, clinic hours not convenient, or other apparently good reasons.

Follow the procedures outlined in Column A, items 2 and 5 and complete all pertinent activities outlined in Column B, items 2 and 5. The school may: 1) provide transportation to the family doctor or clinic, 2) arrange for a school-based clinic, or 3) offer in-school immunization. If all options have been exhausted, and the parents still do not comply, follow the procedures outlined in Column A, item 7 and all pertinent activities in Column B, item 7. (See Section IV, p. 9.)

24. For a school-aged child who has had no immunizations, what is a reasonable length of time for completion of this process?

The length of time needed would depend on the age of the child, the vaccines used, the schedule set by the physician or health facility and whether or not illness interrupted the process. The child's physician and/or local health department should be contacted for help in resolving such questions on a case by case basis.

25. If the school district wishes to offer in-school immunization, what authority does it have? Who must give the vaccine? What training is needed? From what source is the training available?

Anyone certified by the local or State health department can administer vaccine under the direction of a physician. (Section 2.56 of the Rules and Regulations of New York State Department of Health.) For specific help in planning such a program, staff training and related matters contact: State Education Department, Bureau of School Health Education and Services, (518)474-1491 or New York State Department of Health, Bureau of Communicable Disease Control, (518) 474-4284.

26. What contraindications, if any, exist for each of these vaccines?

For general guidelines see Appendix C, Immunization Guidelines: Precautions and Contraindications, p. 25. The appropriate manufacturers insert provides the most complete information and should always be consulted prior to administration of the vaccine.

27. If a district offers in-school immunization, who pays for or provides the vaccines and the equipment?

Health departments provide the vaccines, equipment, important information, forms and signature cards; local school districts provide the staff and facilities.

28. If the local DOH refuses to supply these items, what recourse does the district have?

Call the New York State Department of Health, Immunization Program, (518) 474-4284 for assistance.

29. What are the district's liabilities if we do not enforce these laws?

Under the provisions of PHL, section 12, a district may be fined $1000 for each violation. In addition, the Commissioner of Health has the power to close and/or exclude susceptible pupils in case of an outbreak.

30. If there is a nonpublic school within the district which refuses to enforce the requirements of PHL 2164, what responsibility does the district have? To whom may the district refer for action or support?

The law is silent on this point. However, it is recommended that the superintendent of the public school district: 1) advise the principal, owner, teacher or person in charge of the nonpublic school of the requirements of PHL, section 2164 and the Regulations of the Commissioner of Health, and of their responsibilities for enforcement and the liabilities described in Question 29 (above); 2) advise the District Superintendent and, if appropriate, the Diocesan Superintendent of the failure of the nonpublic school to adhere to these requirements, and 3) report the nonpublic school to either the local or State Department of Health.

31. Who should the district call if there are further questions?

If there are further questions about these guidelines, program planning or implementation, policy recommendations or related matters, call the State Education Department, Bureau of School Health Education and Services (518) 474-1491. If there are questions about or problems related to securing immunization, call the New York State Health Department, Bureau of Communicable Disease Control (518) 474-4284.

APPENDICES

This section includes reproduced materials which will help in planning and implementing a school immunization program. The current New York State Department of Health Immunization Guidelines are included for reference purposes. As a citation for the responses to the questions in Section IV, Public Health Law, Section 2164 and the Regulations of the Commissioner of Health, Part 66, are included in their entirety.

Also excerpted and included are portions or sections of Education Law, the Regulations of the Commissioner of Education, Opinions of Counsel (formal and informal) and Court Decisions covering school health services which are related to, or supportive of, the enforcement of mandatory immunization;

In addition, the Appendices include Guidelines for School Immunization Record Review, a sample Immunization Transfer Record and a sample Request for Exemption for Religious Reasons.

These materials should provide support for local decisions regarding immunization policy and procedures, answer some unasked questions, and help to resolve local problems relating to this important program.

APPENDIX A

PUBLIC HEALTH LAW

Title VI-Poliomyelitis and Other Diseases

Section 2164. Definitions; immunization against poliomyelitis, mumps, measles, diphtheria and rubella.

1. As used in this section, unless the context requires otherwise:

a. The term "school" means and includes any public, private or parochial child caring center, day nursery, day care agency, nursery school, kindergarten, elementary, intermediate or secondary school.

b. (Effective July 1, 1980) The term "child" shall mean and include any person between the ages of two months and eighteen years.

c. The term "person in parental relation to a child" shall mean and include his father or mother, by birth or adoption, his legally appointed guardian, or his custodian. A person shall be regarded as the custodian of a child if he has assumed the charge and care of the child because the parents or legally appointed guardian of the minor have died, are imprisoned, are mentally ill, or have been committed to an institution, or because they have abandoned or deserted such child or are living outside the state or their whereabouts are unknown.

2. Every person in parental relation to a child in this state shall have administered to such child an adequate dose or doses of an immunizing agent against poliomyelitis, mumps, measles, diphtheria and rubella which meets the standards approved by the United States public health service for such biological products, and which is approved by the state department of health under such conditions as may be specified by the public health council.

3. The person in parental relation to any such child who has not previously received such immunization shall present the child to a physician licensed to practice medicine in this state and request such physician to administer the necessary immunization against poliomyelitis, mumps, measles, diphtheria and rubella as provided in subdivision one of this section.

4. If any person in parental relation to such child is unable to pay for the services of a private physician, such person shall present such child to the county physician of the county in which the child resides, or, if there be no such officer, to the public officer exercising corresponding functions, who shall then administer the immunizing agent without charge.

5. The physician who administers such immunizing agent against poliomyelitis, mumps, measles, diphtheria and rubella to any such child shall give a certificate of such immunization to the person in parental relation to such child.

6. In the event that a person in parental relation to a child makes application for admission of such child to a school or has a child attending school and there exists no certificate or other acceptable evidence of the child's immunization against poliomyelitis, mumps, measles, diphtheria and rubella, the principal, teacher, owner or person in charge of the school shall inform such person of the necessity to have the child immunized, that such immunization may be administered by any physician licensed to practice medicine in this state, or that the child may be immunzied without charge by the county physician where the child resides, or the public officer exercising corresponding functions if such person executes a consent therefor. In the event that such person does not wish to select a physician to administer the immunization, he shall be provided with a form which shall give notice that as a prerequisite to processing the application for admission to, or for continued attendance at, the school such person shall state a valid reason for withholding consent or consent shall be given for immunization to be administered by a health officer in the public employ, or by a school physician or nurse. The form shall provide for the execution of a consent by such person and it shall also state that such person need not execute such consent if subdivisions eight or nine of this section apply to such child. Prior to the first day of July, nineteen hundred eighty-one no principal, teacher, owner or person in charge of such school shall be required to inform or give notice to such person in parental relation to a child that an immunization against mumps is necessary if such child is enrolled in school prior to the first day of March, nineteen hundred seventy-seven.

7. (a) No principal, teacher, owner or person in charge of a school shall permit any child to be admitted to such school, or to attend such school in excess of fourteen days, without the certificate provided for in subdivision five of this section or some other acceptable evidence of the child's immunization against poliomyelitis, mumps, measles, diphtheria and rubella; provided, however, such fourteen day period may be extended to not more than thirty days for an individual student by the appropriate principal, teacher, owner or other person in charge where such student is transferring from out-of-state or from another country and can show a good faith effort to get the necessary certification or other evidence of immunization. Prior to the first day of July, nineteen hundred eighty-one, no child shall be denied attendance at such school if such child does not have an immunization against mumps and enrolled in school prior to the first day of March, nineteen hundred seventy-seven.

(b) A parent, a guardian or any other person in parental relationship to a child denied school entrance or attendance may appeal by petition to the commissioner of education in accordance with the provisions of section three hundred ten of the education law.

8. If any physician licensed to practice medicine in this state certifies that such immunization may be detrimental to a child's health, the requirements of this section shall be inapplicable until such immunization is found no longer to be detrimental to the child's health.

8-a. Whenever a child has been refused admission to, or continued attendance at, a school as provided for in subdivision seven of this section because there exists no certificate provided for in subdivision five of this section or other acceptable evidence of the child's immunization against poliomyelitis, mumps, measles, diphtheria and rubella, the principal, teacher, owner or person in charge of the school shall:

a. forward a report of such exclusion and the name and address of such child to the local health authority and to the person in parental relation to the child together with a notification of the responsibility of such person under subdivision two of this section and a form of consent as prescribed by regulation of the commissioner, and

b. provide, with the cooperation of the appropriate local health authority, for a time and place at which an immunizing agent or agents shall be administered, as required by subdivision two of this section, to a child for whom a consent has been obtained. Upon failure of a local health authority to cooperate in arranging for a time and place at which an immunizing agent or agents shall be administered as required by subdivision two of this section, the commissioner shall arrange for such administration and may recover the cost thereof from the amount of state aid to which the local health authority would otherwise be entitled.

9. This section shall not apply to children whose parent, parents, or guardian are bona fide members of a recognized religious organization whose teachings are contrary to the practices herein required, and no certificate shall be required as a prerequisite to such children being admitted or received into school or attending school.

10. The commissioner may adopt and amend rules and regulations to effectuate the provisions and purposes of this section.

PART 66

IMMUNIZATION AGAINST POLIOMYELITIS, DIPHTHERIA, MEASLES, MUMPS AND RUBELLA

(Statutory authority: Public Health Law, § 2164)

Sec.		Sec.	
66.1	Definitions	66.6	Existing school immunization records
66.2	Certificate of immunization	66.7	Waiver of rubella requirements
66.3	Requirements for school admission	66.8	Immunization for children excluded from school
66.4	Requirements for continued school attendance	66.9	Obligation of local health authority
66.5	Immunization records from previous schools	66.10	Exclusion of susceptibles in event of outbreak of disease

Historical Note

Part (§§ 66.1-66.3) filed Dec. 21, 1966; amds. filed: June 16, 1970; July 27, 1972; repealed, new (§§ 66.1-66.10) filed June 16, 1980 eff. June 16, 1980.

Section 66.1 Definitions. As used in this Part, unless the context otherwise requires:

(a) *School* means and includes a public, private or parochial child-caring center, day-care agency providing day care of children, nursery school as defined in this section, kindergarten, and an elementary, intermediate or secondary school building.

(b) *Child* means and includes any person between the ages of two months and 18 years (*i.e.*, until the 19th birthday).

(c) *Day care of children* means:

(1) outside the city of New York, care provided children away from their own homes, for less than 24 hours a day in a family home or day-care center which is operated for such purpose, for compensation or otherwise, for at least three hours a day for the accommodation of three or more children;

(2) in the city of New York, any service which, during all or part of the day, regularly gives care to six or more children, not of common parentage, who are under six years of age, whether or not the care is given for compensation and whether or not it has a stated educational purpose. The total number of children receiving care shall be counted, including children or foster children of the owner or person in charge, in determining the applicability of this definition. The term shall not, however, include a service which gives care to children for five hours a week or less or a service which operates for one month a year or less.

(d) *Nursery school* means a place, other than one providing day care of children as defined in this section, in which organized instruction is provided for children prior to entering kindergarten.

(e) *Immunization against a given disease* means inoculation with approved licensed products administered in the amounts and manner described as follows:

(1) three or more doses of diphtheria toxoid;

(2) either:

(i) three or more doses of trivalent oral polio-virus vaccine (TOPV); or

(ii) four or more doses of inactivated poliomyelitis vaccine (IPV) administered after 1968 (*i.e.*, 1969 or later);

(3) a single dose of live measles virus vaccine administered after the age of 12 months;

(4) a single dose of live rubella virus vaccine administered after the age of 12 months;

(5) a single dose of live mumps virus vaccine administered after the age of 12 months.

Historical Note

Sec. filed Dec. 21, 1966; amd. filed Oct. 25, 1973; repealed, new filed Aug. 31, 1976; amd. filed March 14, 1977; repealed, new filed June 16, 1980 eff. June 16, 1980.

66.2 Certificate of immunization. The certificate of immunization provided for in subdivision 5 of section 2164 of the Public Health Law shall be prepared by the physician or other authorized person who administers the immunizing agents, and shall specify the products administered and the dates of administration. It may also show physician-verified history of disease and/or laboratory evidence of immunity.

Historical Note

Sec. filed Dec. 21, 1966; amds. filed: Oct. 10, 1968; June 16, 1970; July 27, 1972; repealed, new filed: Aug. 31, 1976; June 16, 1980 eff. June 16, 1980.

66.3 Requirements for school admission. A principal or person in charge of a school shall not permit a child to be admitted to such school unless a person in parental relation to the child has furnished the school with one of the following:

(a) a certificate of immunization, as described in section 66.2 of this Part, which shows that the child:

(1) has received three or more doses of diphtheria toxoid; and

(2) has received either:

(i) three or more doses of trivalent oral polio-virus vaccine (TOPV); or

(ii) four or more doses of inactivated poliomyelitis vaccine (IPV) administered after 1968; and

(3) either:

(i) has received a single dose of live measles virus vaccine administered after the age of 12 months; or

(ii) has been diagnosed by a physician as having had measles disease; and

(4) either:

(i) has received a single dose of live rubella virus vaccine administered after the age of 12 months; or

(ii) has demonstrated serological evidence of rubella antibodies; and

(5) either:

(i) has received a single dose of live mumps virus vaccine administered after the age of 12 months; or

(ii) has been diagnosed by a physician as having had mumps disease;

(b) a statement from a physician or health facility which specifies the products administered, and the dates of administration, and shows that the child:

(1) has received at least one dose of diphtheria toxoid;

(2) has received at least one dose of either trivalent oral poliovirus vaccine (TOPV) or inactivated poliomyelitis vaccine (IPV) administered after 1968;

(3) has complied with the requirements in subdivision (a) of this section for measles, rubella and mumps; and

(4) has appointments to return to the physician or health facility for the remainder of the immunizations specified in subdivision (a) of this section;

(c) a certificate from a physician, licensed to practice medicine in this State, that one or more of the required immunizations may be detrimental to the child's health. This certificate must specify which immunizations may be detrimental;

(d) a written and signed statement from the person in parental relation to the child that such person is a bona fide member of a specified recognized religious organization whose teachings are contrary to immunization. The principal or person in charge of the school may require supporting documents from the religious organization specified.

Historical Note

Sec. filed Dec. 21, 1966; amds. filed: Oct. 10, 1968; June 16, 1970; July 27, 1972; Oct. 25, 1973; repealed, new filed Aug. 31, 1976; amd. filed Mar. 14, 1977; repealed, new filed June 16, 1980 eff. June 16, 1980.

66.4 Requirements for continued school attendance. After the 30th day of June, 1980, a principal or person in charge of a school shall not permit a child to continue to attend such a school for more than 14 days unless a person in parental relation to the child has furnished the school with one of the documents specified in section 66.3 of this Part, with the exception that the requirements for mumps immunization specified in subdivision (a) of section 66.3 will be waived until July 1, 1981.

Historical Note

Sec. filed Aug. 31, 1976; repealed, new filed June 16, 1980 eff. June 16, 1980.

66.5 Immunization records from previous schools. An immunization record forwarded from the child's previous school, which contains all of the information specified in subdivision (a) of section 66.3 of this Part, may be accepted by the principal or person in charge of the school in lieu of a certificate of immunization.

Historical Note

Sec. filed June 16, 1980 eff. June 16, 1980.

66.6 Existing school immunization records. The requirements outlined in sections 66.3(a) and 66.4(a) of this Part regarding documentation of immunity against diphtheria, polio, measles and rubella may be waived until July 1, 1981 for children who had an immunization record on file in the school before July 1, 1980 which showed previously acceptable evidence of immunity to those four diseases.

Historical Note

Sec. filed June 16, 1980 eff. June 16, 1980.

66.7 Waiver of rubella requirements. Documentation of rubella immunity as specified in sections 66.3(a) and 66.4(a) of this Part is waived for female students who have reached the age of 11 years.

Historical Note

Sec. filed June 16, 1980 eff. June 16, 1980.

66.8 Immunization for children excluded from school. Whenever a child has been refused admission to, or continued attendance at, a school for lack of acceptable evidence of immunization as specified in subdivisions (a) and (b) of section 66.3 of this Part, the principal or person in charge of the school shall:

(a) notify the person in parental relation to the child of his/her responsibility to have the child immunized and of the public resources available for doing so;

(b) provide the person in parental relation to the child with the appropriate vaccine information forms supplied by the New York State Department of Health;

(c) notify the local health authority of the name and address of the excluded child and of the immunization or immunizations which the child lacks; and

(d) provide, with the cooperation of the local health authority, for a time and place at which the required immunization or immunizations may be administered.

Historical Note

Sec. filed June 16, 1980 eff. June 16, 1980.

66.9 Obligation of local health authority. Upon being notified by a principal or person in charge of a school of the exclusion from school of one or more children for lack of acceptable evidence of immunization, it shall be the responsibility of the local health authority to either:

(a) cooperate with the school authorities to provide a time and place, within two weeks of the exclusion, at which the appropriate immunization or immunizations may be administered, by a health officer in the public employ or by a school physician or nurse; or

(b) notify the commissioner that the required immunizations will not be administered either by local health authority or school, and that the cost of doing so by the agents of the commissioner may be recovered from the amount of State aid to which the local health authority would otherwise be entitled.

Historical Note

Sec. filed June 16, 1980 eff. June 16, 1980.

66.10 Exclusion of susceptibles in event of outbreak of disease. In the event of an outbreak of diphtheria, poliomyelitis, measles, rubella or mumps in a school, the commissioner may order the appropriate school officials to exclude from attendance all students without documentation of immunity, as specified in section 66.3(a) of this Part, until the danger of disease transmission has passed or until the documentation specified in section 66.3(a) has been submitted.

Historical Note

Sec. filed June 16, 1980 eff. June 16, 1980.

APPENDIX C

IMMUNIZATION GUIDELINES

NEW YORK STATE DEPARTMENT OF HEALTH

DAVID AXELROD, M.D.

COMMISSIONER

SCHEDULE FOR CHILDREN BEGINNING IMMUNIZATION IN INFANCY

AGE	VACCINES	COMMENTS
2 – MONTHS	DTP, TOPV	DTP = DIPHTHERIA, TETANUS, PERTUSSIS TOPV = TRIVALENT ORAL POLIO VACCINE
4 – MONTHS	DTP, TOPV	
6 – MONTHS	DTP	AN OPTIONAL DOSE OF TOPV MAY BE GIVEN
15 MONTHS	MEASLES MUMPS RUBELLA	ONE DOSE OF COMBINED MEASLES/MUMPS/RUBELLA VACCINE (MMR) IS PREFERRED; A TUBERCULIN SKIN TEST MAY BE ADMINISTERED AT THE SAME VISIT
18 MONTHS	DTP, TOPV	WHILE OFTEN REFERRED TO AS "BOOSTERS", THESE DOSES CONSTITUTE AN ESSENTIAL PART OF THE IMMUNIZATION SERIES
4–6 YEARS (SCHOOL ENTRY)	DTP, TOPV	
14–16 YEARS	Td	Td=TETANUS & DIPHTHERIA FOR ADULTS; REPEAT EVERY 10 YRS.

DOSAGE AND ROUTE OF ADMINISTRATION. Consult the manufacturer's package insert for specific product used.

PRECAUTIONS AND CONTRAINDICATIONS. Consult the manufacturer's package insert for the specific product used. *In general,* contraindications include:

1 – acute febrile illness (minor infection not associated with fever is *not* a contraindication);
2 – Immunosuppressive therapy (radiation, corticosteroids, antimetabolites, alkylating agents, and cytotoxic agents);
3 – recent (within 3 months) immune globulin (IG), plasma, or blood transfusion;
4 – Immunodeficiency disorders;
5 – leukemia, lymphoma, or generalized malignancy;
6 – prior allergic reaction to the same vaccine.

Children who are allergic to eggs, chickens, or ducks should not receive vaccines grown on chick or duck embryos; these include influenza, yellow fever, and duck embryo rabies vaccine (DEV). *HOWEVER,* these children can receive vaccines grown on chick or duck fibroblast tissue culture such as measles, rubella, and mumps.

REQUIREMENTS FOR SCHOOL ATTENDANCE

Under section 2164 of the New York State Public Health Law, all children attending a school or day care center must be immunized against diphtheria, polio, measles, mumps, and rubella. Minimum requirements include:

- 3 doses of diphtheria toxoid (usually administered as either DTP or Td)
- 3 doses of TOPV (or, as an alternative, 4 doses of IPV administered after 1968)
- 1 dose of live measles vaccine administered after the age of 12 months
- 1 dose of live mumps vaccine administered after the age of 12 months
- 1 dose of live rubella vaccine administered after the age of 12 months

USE OF INACTIVATED POLIO VACCINE (IPV)

The primary series consists of 4 doses of vaccine (volume and route specified by the manufacturer). In infancy, the primary schedule is usually integrated with DTP: 3 doses given at 8 week intervals with a fourth dose 6–12 months after the third. Booster doses should be given at school entry and thereafter every 5 years through age 18.

TETANUS PROPHYLAXIS IN WOUND MANAGEMENT

HISTORY OF TETANUS IMMUNIZATIONS	CLEAN, MINOR WOUNDS		ALL OTHER WOUNDS	
	Td (Adult)	TIG[4]	Td (Adult)	TIG
UNCERTAIN	YES	NO	YES	YES
0-1	YES	NO	YES	YES
2	YES	NO	YES	NO[1]
3 OR MORE	NO[2]	NO	NO[3]	NO

1. UNLESS WOUND MORE THAN 24 HOURS
2. UNLESS MORE THAN 10 YEARS SINCE LAST DOSE
3. UNLESS MORE THAN 5 YEARS SINCE LAST DOSE
4. TIG – TETANUS IMMUNE GLOBULIN

NOTE:

TETANUS IMMUNE GLOBULIN AND Td MAY BE GIVEN SIMULTANEOUSLY BUT IN DIFFERENT SITES. SUBSTITUTE DTP VACCINE FOR CHILDREN UNDER 7 YEARS OF AGE.

SCHEDULES FOR CHILDREN NOT IMMUNIZED AS INFANTS

A: Ages 13 Months Through 6 Years

VISIT	VACCINES	COMMENTS
1	DTP, TOPV	MMR MAY BE SUBSTITUTED; SEE COMMENT FOR VISIT 2
	ONE MONTH INTERVAL BETWEEN VISITS	
2	MEASLES MUMPS RUBELLA	MMR SHOULD BE GIVEN AT FIRST VISIT WHEN RISK OF EXPOSURE IS HIGH; DTP AND TOPV MAY THEN BE STARTED AT SECOND VISIT AND INTERVAL BETWEEN VISITS 2 & 3 EXTENDED TO 2 MONTHS
	ONE MONTH INTERVAL BETWEEN VISITS	
3	DTP, TOPV	
	TWO MONTH INTERVAL BETWEEN VISITS	
4	DTP	AN OPTIONAL DOSE OF TOPV MAY ALSO BE GIVEN
	6–12 MONTH INTERVAL BETWEEN VISITS	
5	DTP, TOPV	INTERVAL BETWEEN VISITS 4 & 5 MAY BE EXTENDED (e.g., SCHOOL ENTRY) BUT NOT SHORTENED
	10 YEAR INTERVAL BETWEEN VISITS	
6	Td	REPEAT EVERY 10 YEARS

B: Ages 7 Years Through 18 Years

VISIT	VACCINES	COMMENTS
1	MEASLES MUMPS RUBELLA *	ONE DOSE OF Td AND ONE DOSE OF TOPV MAY ALSO BE GIVEN AT THIS VISIT IF CIRCUMSTANCES WARRANT (SEE SIMULTANEOUS ADMINISTRATION OF VACCINES)
	ONE MONTH INTERVAL BETWEEN VISITS	
2	Td, TOPV	THIS VISIT MAY BE ELIMINATED IF FIRST DOSE OF Td AND TOPV ARE GIVEN AT VISIT I
	TWO MONTH INTERVAL BETWEEN VISITS	
3	Td, TOPV	IF VISIT 2 IS ELIMINATED, THE INTERVAL BETWEEN VISITS 1 & 3 MUST BE AT LEAST 2 MONTHS.
	6–12 MONTH INTERVAL BETWEEN VISITS	
4	Td, TOPV	INTERVAL BET. DOSES 3 & 4 MAY BE EXTENDED, NOT SHORTENED
	10 YEAR INTERVAL BETWEEN VISITS	
5	Td	REPEAT EVERY 10 YEARS

* *Before rubella vaccine is administered to females past menarche, the patient and/or her parent/guardian must be asked if she is pregnant. Pregnant patients should not be given rubella vaccine. If the patient is not pregnant, the theoretical risks to a fetus and the importance of not becoming pregnant for three months following vaccination must be explained before vaccine is administered.*

SIMULTANEOUS ADMINISTRATION OF VACCINES. The simultaneous administration of TOPV and *one* of the following has been shown to be both safe and effective: MMR, MR, measles, rubella, mumps, DTP, Td. It is also possible to administer TOPV, MMR (or a product containing one or more of its component antigens), and *either* DTP or Td simultaneously (using different injection sites). This latter practice is warranted if there is doubt that the recipient will return for further doses of vaccine or if an older, seriously under-immunized, child must be brought up to date quickly (e.g., at the time of school entry).

INTERRUPTION OF IMMUNIZATION SCHEDULE. A delay between doses does not interfere with final immunity and does not necessitate starting the series over again, regardless of the interval elapsed. Simply resume the schedule where it left off.

FOR FURTHER INFORMATION, CALL (518) 474-4284

RECOMMENDATIONS FOR THE HANDLING AND STORAGE OF BIOLOGICALS*

BIOLOGICAL	SHIPPING REQUIREMENTS	CONDITION ON ARRIVAL	STORAGE REQUIREMENTS	SHELF LIFE EXPIRATION	INSTRUCTIONS FOR RECONSTITUTION OR USE	SHELF LIFE AFTER RECONSTITUTION-THAWING OR OPENING	SPECIAL INSTRUCTIONS
D T P Diphtheria Tetanus Pertussis	Without refrigeration if deliverable in 4 days. May use refrigerant.	May be out of refrigeration for up to 4 days.	Refrigerate immediately upon arrival – store at 2° – 8° C. (35° – 46° F.). DO NOT FREEZE – this reduces potency.	Up to 18 months. Check date on vial or container.	Shake vial vigorously before withdrawing each dose.	Until outdated, if not contaminated.	Rotate stock so that most current expiration dated stock is used first.
T D — Adult Tetanus – Diphtheria Tetanus Toxoid	Without refrigeration if deliverable in 4 days. May use refrigerant.	May be out of refrigeration for up to 4 days.	Refrigerate immediately upon arrival – store at 2° – 8° C. (35° – 46° F.). DO NOT FREEZE – this reduces potency.	Up to 2 years. Check date on container or vial.	Shake vial vigorously before withdrawing each dose. When used on jet injector gun, shake vial before each injection.	Until outdated, if not contaminated. Multidose vials for jet injector: discard remainder of contents on day of use.	Rotate stock so that most current expiration dated stock is used first. Multidose vials for jet injector use should not be utilized in needle/syringe method of immunization.
Rubella Virus **Measles Virus** **Measles/Rubella** – combined virus **Measles/Mumps/Rubella** combined virus **Mumps**	Must use refrigerant. Maintain at 10° C. (50° F.) or less. DO NOT USE DRY ICE. See special instructions on shipment of live virus vaccines.	Should be below 10° C. (50°F.). If above this temperature, refuse shipment or return to shipper. DO NOT USE WARM VACCINE.	If possible, separate vaccine from diluent. Store as follows: **Vaccine** – refrigerate immediately upon arrival. Store at 2° – 8° C. (35° – 46° F.) PROTECT FROM LIGHT AT ALL TIMES, since such exposure may inactivate the virus. **Diluent** – Do not refrigerate. Store at 15° – 30° C. (59° – 86° F.), room temperature. **Special Note:** Freeze dried vaccines may be maintained at freezer temperatures.	**Vaccine**— Up to 2 years. Check date on container or vial. **Diluent**— Indefinite.	RECONSTITUTE JUST BEFORE USING. **Singles**—inject into the vial of lyophilized vaccine and agitate to ensure thorough mixing. Withdraw entire contents into syringe and inject total volume of vaccine subcutaneously. **Multidose Vials** – withdraw ALL diluent from ampul into syringe, inject into vial of lyophilized vaccine and agitate to ensure thorough mixing. **10-Dose Vial** – withdraw 0.5 cc. of reconstituted vaccine into separate sterile syringe and needle for each immunization. **50-Dose Vial** – place on jet injector gun with dosage at 0.5 cc.	After reconstitution, use immediately or store in a dark place at 2° – 8° C. (35° – 46° F.). DISCARD IF NOT USED WITHIN 8 HOURS.	Rotate stock so that most current expiration dated stock is used first. Use only the diluent supplied to reconstitute the vaccine. DO NOT use diluents from other vaccines or manufacturers. **50-Dose Vials** – for jet injector use should not be utilized in needle/syringe method of immunization. **10-Dose Vials** – may be used for both jet injector and needle/syringe methods of immunization.
Poliovirus	Shipped in dry ice by bus or air.	Should be frozen. If thawed but still cold – below 8° C. (46° F.) – refreeze immediately. If thawed and warm – above 8° C. (46° F.) – or vaccine is cloudy, refuse shipment or return to shipper. DO NOT USE THAWED, WARM OR CLOUDY VACCINE.	Maintain continuously in the frozen state, -10° C. (14° F.) or lower. **The vaccine may be refrozen** – if not opened, a maximum of 10 freeze thaw cycles is permissible, provided the total cumulative duration of thaw does not exceed 24 hours, and provided the temperature does not exceed 8° C. (46° F.) during the period of thaw.	Up to 1 year. Check date on container or vial.	Thaw before using – may be rubbed between hands for rapid thawing.	Vaccine in liquid state in unopened vials may be used for up to 30 days, provided it has been stored at 2° – 8° C. (35° – 46° F.). Once the vial is opened, it must be refrigerated at 2° – 8° C. (35° – 46° F.) and used within 7 days.	If the dropper becomes contaminated by touching the mouth, do not reuse dropper or reintroduce into the vial. Sterilize dropper by boiling in water (cool before replacing dropper in vial) or use a new dropper before continuing administration. USE ONLY THE DROPPER SUPPLIED IN THE PACKAGE.
Influenza	Without refrigeration if deliverable in 4 days. May use refrigerant.	May be out of refrigeration for up to 4 days.	Refrigerate immediately upon arrival. Store at 2° – 8° C. (35° – 46° F.) DO NOT FREEZE – this reduces potency.	Up to 18 months. Check date on vial or container.	Shake vial vigorously before withdrawing each dose.	Until outdated, if not contaminated.	Rotate stock so that the most current expiration dated stock is used first.

*These recommendations are not a substitute for the package insert included with each different biologic.

NOTE: All materials used for administering live virus vaccines should be burned, boiled or autoclaved prior to disposal.

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APPENDIX D

GUIDELINES FOR SCHOOL IMMUNIZATION RECORD REVIEW

BASIC RECORD REQUIREMENTS

A record must show dates that are complete enough to determine whether measles, rubella, and mumps were given after the child's first birthday. For polio, measles, rubella, and mumps the record must specify whether live vaccine was given. Check marks, without dates or vaccine description, are not acceptable. Entering all relevant information (such as "disease March 1973 verified by Dr. A") in the record itself is very helpful for the future, especially when students change schools. If a record has insufficient information, an attempt should be made to obtain more from the parents -- it is clearly their responsibility under the law to provide it -- but telephoning the physician directly may be easier in some cases.

Information about specific diseases follows.

DIPHTHERIA

Legal Requirement

Three or more doses of diphtheria toxoid. Any combination of DTP, DT, and Td totalling three is acceptable.

Vaccine Availability

Diphtheria toxoid has been generally available since 1940, combined with tetanus toxoid and pertussis vaccine (DTP) or with tetanus toxoid only (DT or Td). DTP, or pediatric DT (without the pertussis component), is recommended for children six and under; Td is the adult form of the vaccine, given to everyone age seven and over. Many records do not distinguish between DT and Td; this is unimportant. However, tetanus toxoid shots not containing diphtheria are often given following a wound; these do not count toward the school requirement.

Series Completion

When a student is in the process of completing the required series of three diphtheria vaccinations, the recommended interval between doses (at least two months between doses one and two and at least six months between doses two and three) should not be shortened. The time lapse is necessary to build lasting immunity.

Recommendations

Although the law requires only three doses of diphtheria toxoid, the recommendation is that the "booster" doses at 18 months and at 4 to 6 years (school entry) constitute an essential part of the immunization series. The child who had the three required doses but did not receive a booster at school entry should be given one, to ensure full protection. This booster should be given at least one year after the most recent previous dose. If all three previous doses were before the first birthday, two boosters at least one year apart would be recommended. It is also recommended that Td boosters be repeated every ten years. Although not required by law, it is certainly good public health practice for school nurses to notify pupils and their parents when such boosters are due and to provide them in school clinics, if possible.

Incomplete Records

When old records do not give a full set of dates for diphtheria and further information cannot be obtained because of special circumstances, abbreviations should be interpreted as in the following examples:

A. Td series 1973, 1974. Can be counted as two doses; one more is required.

B. DPT 1972 x 3: Legally acceptable; booster recommended.

C. Td booster 1975: Can be counted as two doses, since it implies at least one previous dose; one more is required.

POLIO

Legal Requirement

Either three or more doses of trivalent oral poliovirus vaccine (TOPV) or four or more doses of inactivated poliomyelitis vaccine (IPV) administered after 1968 (i.e., 1969 or later).

Records must specify which type of polio vaccine was given.

This requirement may be met either by a full series of three doses of TOPV or by a full series of four doses of IPV administered after 1968. Combinations such as two TOPV and three IPV do not fulfill the requirement.

Vaccine Availability

IPV (inactivated, "killed," or Salk vaccine) has been available since 1955, but its immunogenicity was not standardized until 1968; therefore, IPV is acceptable only if given on or after January 1, 1969.

Live oral (Sabin) vaccine was available in monovalent form in 1961; the trivalent form, TOPV, became available in 1963. Three doses of monovalent OPV (which may appear on records as one dose each of types I, III, and II) are together equivalent to just one of TOPV.

Series Completion

When a student is in the process of completing the required series of three or four polio vaccinations, the recommended interval between doses (for OPV: at least two months between doses one and two and at least six months between doses two and three; for IPV; at least two months between doses one and two, and two and three, and at least six months between doses three and four) should not be shortened. The time lapse is necessary to build lasting immunity.

Recommendations

Although the law requires only three doses of TOPV, the recommendation is that the "booster" doses at 18 months and at four to six years (school entry) constitute an essential part of the immunization series. The child who had the three required doses but did not receive a booster at school entry should be given one to ensure full protection. This booster should be given at least one year after the most previous dose. If all three previous doses were before the first birthday, two boosters at least one year apart would be recommended. Since TOPV is not given after a student's 19th birthday, it is especially important to identify students needing such a booster before they are 19 and to provide it at school clinics, if possible.

Incomplete Records

Incomplete records may be interpreted as in the following examples:

A. Polio 1965 x 3: Not acceptable unless identified as TOPV. Unless further information is available, a full series of three must be given. A booster is recommended in any case unless this student has passed his/her 19th birthday.

B. Sabin booster 1969: Does not specify what type of vaccine was previously given; therefore, two more doses of TOPV are required unless further information can be obtained.

C. Sabin I 3/10/64, III 4/30/64, II 6/15/65, B (TOPV) 9/16/68. One more dose of TOPV is required unless this student has passed his/her 19th birthday.

MEASLES

Legal Requirement

A single dose of live measles virus vaccine administered after the age of 12 months (or, record showing the child has been diagnosed by a physician as having had measles disease).

The law requires that measles vaccinations (as well as rubella and mumps) be given after one year of age to avoid the problem of lingering maternal immunity which may interfere with the child developing his own immunity. A child who received measles vaccine on his first birthday is in compliance; one vaccinated the day before his first birthday is not. For example, if a record shows immunization in 3/74, and the child's date of birth is 3/16/73, then the exact date of immunization must be checked.

Vaccine Availability

Live vaccine is required by law. Both inactivated and live measles vaccines were licensed in 1963, but the inactivated vaccine was withdrawn in 1967. Measles vaccinations given after January 1, 1968 can be counted as live vaccine; however, for vaccinations before that date, the record must specify that live vaccine was indeed used. Some names of live vaccines in use during that period are: M-vac, rubeovax, lyovac, and Pfizer-Vax Measles L. (Pfizer-Vax Measles K was inactivated).

MR and MMR, available since 1972, contain live, further attenuated measles vaccine.

Recommendations

Although any live vaccine given after the first birthday fulfills the legal requirement, reimmunization should be recommended for any student who received live vaccine within three months of receiving a dose of inactivated vaccine, or who received immune globulin (IG) with a live vaccine containing a further attenuated strain of virus such as Schwartz, Moraten, or Attenuvax.

RUBELLA

Legal Requirement

A single dose of live rubella virus vaccine administered after the age of 12 months (or, record showing serological evidence of rubella antibodies). This requirement may be waived for female students who have reached the age of 11 years.

The law requires that rubella vaccinations (as well as measles and mumps) be given after one year of age to avoid the problem of lingering maternal immunity which may interfere with the child developing his own immunity. A child who received rubella vaccine on his first birthday is in compliance; one vaccinated the day before his first birthday is not. For example, if a record shows immunization in 3/74, and the child's date of birth is 3/16/73, then the exact date of immunization must be checked.

Because rubella rashes resemble other types, it is impossible to diagnose reliably on clinical grounds alone; therefore, serological evidence (a positive blood test) is the only permissable alternative to immunization.

Vaccine Availability

Live rubella vaccine was first available in 1969. The combinations MR and MMR became available in 1972.

Recommendations

Girls who have passed their 11th birthday may remain in school without documenting their immunity to rubella. However, the New York State Department of Health strongly recommends that they be individually counseled and referred for immunization by the school, local public health agency, or private physician.

MUMPS

Legal Requirement

A single dose of live mumps virus vaccine administered after the age of 12 months (or, record showing the child has been diagnosed by a physician as having had mumps disease).

The law requires that mumps vaccinations (as well as rubella and measles) be given after one year of age, to avoid the problem of lingering maternal immunity which may interfere with the child developing his own immunity. A child who received the mumps vaccine on his first birthday is in compliance; one vaccinated the day before his first birthday is not. For example, if a record shows immunization in 3/74, and the child's date of birth is 3/16/73, then the exact date of immunization must be checked.

Vaccine Availability

Killed mumps vaccine, which does not fulfill the New York State requirement, became available in 1968. Live mumps vaccine became available in 1969. MMR combined vaccine became available in 1972; this contains live mumps vaccine.

Recommendations

Mumps vaccine is recommended for all susceptible children, adolescents, and adults. There is no evidence that persons who have previously either received the vaccine or had mumps disease are at enhanced risk from receiving live mumps vaccine.

APPENDIX E

SAMPLE REQUEST FOR RELIGIOUS EXEMPTION

The sample Request for Exemption form reproduced on the next page is included with the permission of the Christian Science Committee on Publication for the State of New York. Members of the Church of Christ, Scientist will present this form when requesting a religious exemption from the immunization requirements for their child(ren). The Church carefully controls the distribution of these exemption certificates, issuing them only to bona fide members. Because distribution of these certificates is so carefully controlled by the Church, there should be no need for further supportive documentation related to proof of membership in the Church of Christ, Scientist. However, if there are questions about the authenticity of specific exemption certificates or related matters, contact Mr. Arthur Davies, Christian Science Committee on Publication, 509 Madison Ave., Suite 314, New York, N.Y. 10022. (212) 980-0202.

Members of other faiths or denominations who seek an exemption for religious reasons may submit a request in letter form. If this is done, the request should be written on the official stationary of the religious organization and should contain the same information found in the form reproduced on the next page. The letter should be signed by both the parent and insofar as possible, by the religious advisor. If there are questions about the authenticity of these requests or when such requests omit information essential to determination of entitlement to a religious exemption, school authorities may request supporting documents from the religious organization specified by the parent.

Christian Science Committee on Publication
509 Madison Avenue, Suite 314
New York, NY 10022
(212) 980-0202

REQUEST FOR EXEMPTION

Immunization against Poliomyelitis, Mumps, Measles, Diphtheria, and Rubella.
Physical Examination for Sickle Cell Anemia and Scoliosis.

Date _____

To the Principal of _____ School:

As provided by Article 21, Sec. 2164(9) of the Public Health Law of the State of New York, it is requested that my child (or ward) be exempted from immunization against poliomyelitis, mumps, measles, diphtheria, and rubella.

As provided by Article 19, Sec. 903, Sec. 904 and Sec. 905 of the Education Law of the State of New York, it is requested that my child (or ward) be exempted from physical examination for sickle cell anemia and scoliosis.

The reason for requesting this exemption is that such immunization and physical examination conflict with my religious beliefs, and with the teaching received by my child (or ward) in the home, the church, and Sunday School.

My child (or ward):

Respectfully yours,

_____
Name

in _____ Grade

_____
Parent (or Guardian)

_____
Address

_____
Telephone

This form is provided by the Christian Science Committee on Publication for the State of New York

(Rev. and reprinted 1982)

(OVER)

PUBLIC HEALTH LAW

"Sec. 2164. Definitions; immunization against poliomyelitis, mumps, measles, diphtheria and rubella.

"(9) This section shall not apply to children whose parent, parents, or guardian are bona fide members of a recognized religious organization whose teachings are contrary to the practices herein required, and no certificate shall be required as a prerequisite to such children being admitted or received into school or attending school."

EDUCATION LAW

"Sec. 903. Pupils to furnish health certificates

"The provisions of this section relating to the test for sickle cell anemia shall not apply to any pupil who refuses to take such test because of his religious beliefs."

"Sec. 904. Examination by medical inspection

"The provisions of this section relating to the test for sickle cell anemia shall not apply to any pupil who refuses to take such test because of his religious beliefs."

"Sec. 905. Record of examinations; eye, ear and scoliosis tests

"Required scoliosis testing shall not apply to children whose parent, parents, or guardian are bona fide members of a recognized religious organization whose teachings are contrary to the practices herein required."

We ask exemption from immunization and physical examination because they are medical treatment and therefore contrary to the principles and practices of the Christian Science Church. For Christian Scientists and their children, the application of the spiritual understanding of God and man's relationship to Him is the effective method of preventing and healing disease. Their reliance on God for prophylactic and therapeutic treatment is an inseparable part of their religious worship. This method of worship is not merely a matter of theory; it relates to the actual practice of religious worship — a religious practice that is being amply demonstrated in terms of physical healing and the prevention of illness.

APPENDIX F

SAMPLE IMMUNIZATION TRANSFER RECORD

The best school immunization transfer record is a signed transcript or photocopy of the immunization portion of the child's cumulative health record. It also is usually the most readily accessible. Standardized immunization record forms also are available from the local department of health and from some commercial sources. However, some schools prefer to design their own separate form for transfer purposes. The outline below is recommended as an example of the content which should be included in all such forms.

SCHOOL DISTRICT NAME AND ADDRESS

IMMUNIZATIONS: (Please give dates)

Measles_____ (Physician history of disease: Onset_____)

Rubella_____ (Presence of Rubella antibody documented on _____)

Mumps_____ (Physician history of disease: Onset _____)

Polio (TOPV; Sabin) _____ _____ _____ _____

Polio (IPV; Salk) _____ _____ _____ _____

DTP _____ _____ _____ _____ _____

DT _____ _____ _____ _____

Td _____ _____ _____

Other (Please specify): _____ _____

_____ _____

_____ _____

Immunization Requirements waived because of: (please give date)

A. Parents religion _____

B. Physician's certificate _____

Issuing Official's Signature: _____

Title: _____

Telephone: _____

APPENDIX G

Education Law, Article 65, Part I - Compulsory Education:

1. Section 3205 - *Attendance of minors upon full-time day instruction.*

This section requires that in each school district of the State each minor from six to sixteen years of age shall attend upon full-time day instruction.

2. Section 3208. *Attendance of minors, proper physical and mental condition.*

This section requires that a minor shall be in proper physical and mental condition to attend upon instruction without endangering the health and safety of himself or of other minors. The section further provides that the determination of the minor's physical and mental condition shall be based on actual examination of the minor by a person or persons qualified by appropriate training and experience.

Notes of Decisions.

a. 1901, Op. Atty. Gen. 194. Under similar provisions of the former Compulsory Education Law, the Attorney General said: "I think it is a fair construction of the Compulsory Education Law to say that children who have not been vaccinated, etc., are not in proper physical condition to attend school, as mentioned in the act....".

b. People v. McIlwain, 1915, 151 N.Y.S. 366. See, also, Shapee v. Curtis, 1911 142 App. Div. 155, 127 N.Y.S. 33. The fact that a parent who has refused to have his children vaccinated sent them to school several times where they were denied admission does not furnish a defense in a criminal action for failure to comply with the provisions of this section.

3. Section 3212 - *Definition of persons in parental relation and their duties.*

This section lists as one of the duties of parents or persons in parental relation to a minor, the following:

> "(c) Shall cause such a minor to be placed in proper physical condition to attend upon required instruction, if his condition is remediable by the taking of reasonable measures."

Notes of Decisions.

a. In re Whitmore, 1944, 47 N.Y.S. 2d 143. A mother who had previously been convicted of violating this section by refusing to permit her seven year old child to be vaccinated in order that she might attend school was not placed in "double jeopardy" when proceeded against for neglect of child based on the same refusal to permit vaccination.

b. 1974 informal Opinion of the Office of Counsel, New York State Department of Health has also found no real conflict between Section 2164 of the Public Health Law and the truancy laws of the Education Department. Here, in brief, is the opinion:

> Section 2164 of the Public Health Law and the truancy laws of the Education Department are to be read together and the existence of the truancy laws does not authorize admitting a child to school in violation of § 2164.

The constitutionality of § 2164 has been established by the following cases: Matter of Marko, (Fam. Ct. Steuben Co. December 16, 1967); Matter of Falanga v. Board of Education, (Sup. Ct. Oswego Co. 1968); Matter of Elwell, 55 Misc. 252 (Family Ct. Dutchess Co., 1967); McCartney v. Austin, et al., 57 Misc. 2d 525 (Sup. Ct. Broome Co., 1968) affd. 31 App. Div. 2d 370.

The method of enforcement used in Elwell differed slightly from that used in McCartney, but in both situations the child was excluded from school and legal action was taken against the parents for neglect. In McCartney the neglect alleged was the failure to have the child immunized as required by the Public Health Law. In Elwell it was alleged that the parents were neglecting their child by preventing his school attendance through their refusal to permit the immunization required for admittance.

The Elwell argument was accepted by the Family Court in Dutchess County and it ruled that the child involved was being neglected.

APPENDIX H

Education Law, Article 19 - Medical and Health Service

1. Section 906 - *Existence of contagious diseases.*

This section requires school authorities to exclude from school any child who, upon investigation, shows symptoms of any contagious or infectious disease reportable under the Public Health Law; to send the child home immediately and to immediately notify the public health officer of the city or town of the existence of such reportable communicable disease.

Uniform and diligent enforcement of the provisions of this section are essential to communicable disease control, particularly in outbreak situations.

2. Section 914 - *Immunization of children.*

This section requires school authorities to require of every child entering, and after July 1, 1980, every child attending school proof of compliance with the provisions of Public Health Law, Section 2164 relative to mandatory immunization; to participate in the annual survey of the immunization level of children entering and attending school required by Public Health Law, Section 680, including provision of any records and reports the State Commissioner of Health may require for the survey or audit; and to assist and cooperate with the local department of health in the development of a plan required by Public Health Law, Section 680.

APPENDIX I

Regulations of the Commissioner of Education Governing Health Service, Section 136.3.

The Regulations of the Commissioner of Education list as among the duties of the trustees and boards of education, the following:

-(5) To advise, in writing, the parent or guardian of each child in whom any aspect of the total school health service program indicates a defect, disability, or other condition which may require professional attention with regard to health.

-(6) To keep the health records of individual children confidential except as such records may be necessary for the use of approved school personnel and, with the consent of the parents or guardians, for the use of appropriate health personnel of cooperating agencies.

-(7) boards of education may, where the exigencies warrant, provide relief in situations wherein the child would otherwise be deprived of the full benefit of education through inability to follow the instruction offered and to benefit therefrom.

-(8) To require adequate health inspections of pupils by teachers, school nurse-teachers and other approved school personnel.

-(9) To maintain a suitable program of education for the purpose of informing the school personnel, parents, nonschool health agencies, welfare agencies and the general public regarding school health conditions, services and factors relating to the health of school children.

-(10) To provide for adequate guidance to parents, children and teachers in procedures for preventing and correcting defects and diseases and in the general improvement of the health of school children.

The Regulations of the Commissioner of Education, Section 136.3 govern both the total school health services program and each of its specific components. The school immunization program is, and should be, a basic component of the school health service program. Careful scrutiny of the above referenced duties should make it clear that boards of education, boards of trustees, school administrators and school health service personnel have the duty and responsibility to develop and implement an effective immunization program and enforce the requirements of PHL 2164. and Education Law, Article 19, Section 914.